

Provider Membership Application

Application for organizations whose primary mission is serving seniors or disabled persons

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ Website: _____

Organizational Email Address (ex. info@provider.org): _____

Chief Executive's Name: _____ Date founded: _____

Chief Executive's Email Address: _____

Employees: Full time: _____ Part time: _____ Total: _____

Residents/Clients: Number of clients or residents served: _____ EIN: _____

Affiliation:

☐ Self-Managed/Stand Alone

☐ Management Company: _____

☐ Multi-Site Organization (please list parent company): _____

Tax Status: ☐ Nonprofit 501(c)(3) ☐ Nonprofit 501(c)(4) ☐ For-profit ☐ Government ☐ Other

*PLEASE NOTE: A copy of the IRS Determination Letter must be attached to complete this application

Accreditation: Are you accredited? ☐ Yes ☐ No (☐ CARF/CCAC ☐ Joint Commission)

Service Type

(Please complete the appropriate sections below for all service lines you offer.)

Assisted Living/Retirement Communities Membership

(Includes Life Plan/Continuing Care Retirement Communities, Multi-Level Retirement Communities, Stand Alone Assisted Living Communities licensed as Residential Care Facilities for the Elderly, or RCFEs, under the California Health & Safety Code)

RCFE Units (Assisted): _____ RCFE Units (Independent/Residential): _____

Memory Care Units: _____ Total Capacity: _____ RCFE License #: _____

Do you have a certificate of Authority to offer Continuing Care Contracts? ☐ Yes ☐ No

Are you a Lifecare community?: ☐ Yes ☐ No

Are you a participant in the Assisted Living Waiver? ☐ Yes ☐ No (if yes, please provide Medi-Cal Provider #: _____)

Skilled Nursing Membership

(Includes standalone skilled nursing facilities and health centers part of a larger MLRC or CCRC campus.)

Medi-Cal Provider #: _____ Do you accept Medi-Cal? ☐ Yes ☐ No

Total SNF Units: _____ Do you accept Medicare? ☐ Yes ☐ No

Senior Housing Membership

(Includes subsidized low income and market rate housing that does not directly provide services other than service coordination.)

Subsidized Units: _____ Non-subsidized (market rate) Units: _____ Total Units: _____

Service Coordinator? ☐ Yes ☐ No

Finance & Subsidy Source:

☐ Tax Credit ☐ Section 8 (Vouchers) ☐ HUD 202 (Supportive Housing) ☐ HUD 231 (Mortgage Insurance) ☐ Other

☐ HUD 232 (loan) ☐ HUD 236 (Preservation) ☐ HUD 221d3 ☐ Market Rate ☐ PRAC ☐ HUD 202 (old)

Home-and-Community-Based Membership

(Includes programs that offer services in the home setting or at a public site.)

- ☐ Program of All Inclusive Care for the Elderly (PACE) ☐ Community-Based Adult Services (CBAS)
☐ Home Health Care ☐ Private Duty ☐ Hospice Agency ☐ Village
☐ Care Coordination Agency ☐ Adult Day Care ☐ Psychotherapy Public Housing Authority

Total Number of Clients Served: _____

LeadingAge Membership includes your entire organization!

Please list any staff, residents/clients, board members you think would like to receive communications from LeadingAge California. (Excludes third party consultants.)

			Staff	Resident	Board Member
Name	Title	Email			

How to Submit This Application

Send this completed application to LeadingAge California via fax at (916) 428-4250 or email at mripley@leadingageca.org together with your 990 Tax Form listing your program service revenue. If you have questions, please contact Melanie Ripley, Director of Membership at mripley@leadingageca.org.

Thank you for becoming a valued member of the LeadingAge family! Once your membership is approved an invoice will be generated for your payment.

The applicant business and I agree to LeadingAge California's policies and to be bound by LeadingAge California's bylaws and by all applicable rules and regulations, as they may be amended from time to time by LeadingAge California (a copy of these policies are available by written request to LeadingAge California by mail at 1315 I Street, Sacramento, CA 95814.) All sales are final. No refunds on annual membership dues. I understand the bylaws require organizations with multiple sites, communities or locations shall be required to have all eligible sites, communities and locations to be active Provider Members of LeadingAge California.

Privacy Consent Language for LeadingAge California Communications: Whenever I provide e-mail address(es) and fax number(s) to LeadingAge California the business and I are consenting to receive LeadingAge California communications by email and fax, including, but not limited to, conference/hotel registration notices, legislative updates, exhibitors' communications, educational opportunities and membership reminders, as well as promotions of LeadingAge California's various programs and services provided as benefits of membership.